ASS. REC. BY: Sun Pin | REF: CS/EGI200 14248/Q9d3

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: ______

at Workshop m/s ______

of ______

Insured: ______

Policy No. ______

Claims No. CDMCG20001962

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: ______

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: ______

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: ______ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SJM 2975L Yr Regn: 29/12/2008

Type: (M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Kia Cerato. c.c 1591

Colour: White A/C: Insured / Std / NI / NA

Sp.Reading: 161045 T/Radio: Insured / Std / NI / NA

Eng/No: –

C/No: KNAFE227395637852 *

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or ______

Brake: (Inorder) / Jammed / Leaked / Burnt or ______

Modi: Nil / (S/Rim) / STD A/Rim or ______

Tyre Size: F: 215/40ZR17.

R: 215/40ZR17.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Firenza.

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	22/12/2020.

Survey held at: Auburn Auto.

Des. of Damages : Frt / Rear / (O/S) / N/S / U/C / Rooftop or ______

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	*Waiting for workshop give Estimate & GIA Report.
23/12/20@6pm	Informed ERGO, we are pending for estimate from repairer.
12/03/21@1.01pm	revised to ERGO via Merimen.
17/02/21@10.07am	Sun Pin finalised with wksp LS $1650, 3 days. (Red $8300, 83%)

Date/Time, File Pass to? ☐ : Preli. Report

1) 12/03 Typist ☐ : Final Report

Date/Time, File Return to?

2) ______

Rep[redacted] Format : MER-TP

Lump Sum ~~HBH~~ ($ 1650)

Days Of Repair: 3

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ : Tech. Invs ($ ______)

☐ : Weekend ($ ______)

Survey Fee:	
Transportation: __S + RS.__SI	
Photos	
Others	
TOTAL	